

Note: If this RFP or related document was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an RFP Interest form may be downloaded to you computer, completed, and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

State of Hawaii  
Department of Public Safety  
Institutions Division  
Mainland Branch

**Addendum B**  
**May 10, 2005**

**To**

**Request for Proposals**

**RFP No.: PSD 05-IDA/MB-19**

**A Multi-Custody Level Correctional Facility  
for the  
Confinement, Care and Custody  
of  
Hawaii Female Offenders**

**Date Issued: April 8, 2005**

May 10, 2005

**ADDENDUM B**

**To**

**REQUEST FOR PROPOSALS**

**A Multi-Custody Level Correctional Facility  
for the  
Confinement, Care and Custody  
of  
Hawaii Female Offenders**

**RFP No.: PSD 05-IDA/MB-19**

The Department of Public Safety, Institutions Division, Mainland Branch is issuing this addendum to RFP Number: PSD 05-IDA/MB-19, A Multi-Custody Level Correctional Facility for the Confinement, Care and Custody of Hawaii Female Offenders for the purposes of:

- ☒ Responding to questions that were received as a result of the orientation meeting of April 22, 2005.
- ☐ Amending the RFP.

The proposal submittal deadline:

- ☒ is amended to **May 19, 2005**.
- ☐ is not amended.

Enclosed is (are):

- ☒ A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- ☒ Amendments to the RFP.

Should you have any questions, contact: Mr. Marc Yamamoto,  
at telephone (808) 587-1215, email at [marc.s.yamamoto@hawaii.gov](mailto:marc.s.yamamoto@hawaii.gov) or

Department of Public Safety  
Planning, Programming and Budget Office—Purchasing and  
Contracts  
919 Ala Moana Boulevard, Room 413  
Honolulu, Hawaii 96814

Responses to Questions Raised by Applicants  
for  
RFP No.: PSD 05-IDA/MB-19,  
A Multi-Custody Level Correctional Facility  
for the  
Confinement, Care and Custody  
of  
Hawaii Female Offenders

**Question 1: What is the anticipated average inmate's length of stay with the Contractor?**

*Response 1: The State of Hawaii does not maintain statistics regarding the length of stay for each inmate. In 2002, the State of Hawaii returned 10 female inmates to Hawaii, and maintained approximately 61 female inmates on the mainland. In 2003, the State of Hawaii returned 6 female inmates to Hawaii, and maintained approximately 64 female inmates on the mainland. In 2004, the State of Hawaii returned 7 female inmates to Hawaii, and maintained approximately 60 female inmates on the mainland.*

**Question 2: Approximately how many inmates are anticipated to be in need of sex abuse treatment?**

*Response 2: We currently have one (1) female inmate convicted of sexual offenses.*

**Question 3: Please define what video teleconferencing technologies the Department supports, i.e. video over Internet protocol/transmission control protocol (TCP/IP), video over ISDN, video over analog telephones, etc.**

*Response 3: We currently are using video over analog telephone lines. The Department is considering upgrading to DSL/cable modem.*

**Question 4: If the Department supports video over TCP/IP, will the Department consider a Virtual Private Network Link to connect the contractor's video equipment to the Department's?**

*Response 4: The Department will need to research this matter.*

**Question 5: Does the Department intend the reference on page 2-6 to American Correctional Association Standards, THIRD EDITION, to actually reference the newer FOURTH EDITION?**

*Response 5: No, it is the Department's intention to reference the Third Edition of the American Correctional Association Standards.*

**Question 6: Will the Department use its best efforts to avoid sending pregnant inmates to the Contractor? If an inmate is determined to be pregnant upon transfer, will the Department return the inmate to the State's custody?**

*Response 6: If an inmate is known to be pregnant, the inmate will not receive the medical clearance needed to be transferred. If an inmate is found to be pregnant upon arrival and admittance to the facility, the State shall be informed of the situation and the inmate may be accepted for return to the State's custody. The responsibility of cost of the inmate's transportation costs back to the State shall be determined on a case-by-case basis by the State.*

**Question 7: Section 3 gives instructions for all items to be addressed in the Offeror's [a] response, including the order and titles of sections to be included. The Scope of Work outlined in Section 2, however, has some variances in information to be included in proposals (such as audited financial statements, indemnification plan, etc. pg. 2-13). Please clarify. May the Offeror use its own discretion to determine where to include such responses when there is not an identical request to include same in the proposal requirements as outlined in Section 3?**

*Response 7: As the above issues are part of page 2-13, Section 2.III.B.(5)—Experience, the audited financial statements shall be made part of the Applicant's response to page 3-2, Section 3.II.B—Experience, and the indemnification plan shall be made part of Applicant's response to page 3-3, Section 3.II.F—Litigation History.*

**Question 8: Section 2-13 asks for experience/qualifications of key personnel, specifically the warden, deputy warden and chief of security; Section 3-2, however, asks for key personnel resumes in contract administration, facility personnel, inmate services, programming, health care, safety and security[<sub>3</sub>]. The evaluation section 4-2 agrees with Section 2-13. Pg. 2-11, Management Requirements, states "key personnel whose names and resumes are submitted in the proposal shall not be removed from this project without prior approval of the Contracting Authority..., nor use substitute or additional personnel. If this applies to the list of key personnel requested in Section 3-2, it appears to be unusually expansive. Please clarify the discrepancies**

**of information asked for and define the specific positions requesting resume submissions in the proposal.**

*Response 8: The information requested for the additional positions stated on page 3-2, Section 3.II.A—Necessary Skills, shall be incorporated into the Applicant's response to Section 4.III.B(1)a. The requirement of listing the key personnel for the various programs and services is to ensure adequate administration of these programs and services. This is the premise for the prior approval of the State's Contract Administrator (CA) for the removal, addition or substitution of any key personnel.*

**Question 9: Will the Department allow co-mingling of other populations in programming?**

*Response 9: There shall be no co-mingling of male and female inmate populations in programming. Co-mingling of female inmate populations from other states is permitted.*

**Question 10: Please clarify requirements that may accompany collecting inmate medical co-pays (pg. 2-10, el), Will the Contractor determine when/if a co-pay is applicable? If so, will the Contractor retain the co-pay or provide to the State at specified intervals?**

*Response 10: The determination of the applicability of charging an inmate a co-payment shall be per the State's policy (refer to attached). The Contractor may retain the collected co-payment.*

**Question 11: Since Offerors will be submitting inmate housing outside of the State of Hawaii, is it still necessary to submit the Tax Clearance Application (Form A-6)? If so, does the State expect the Contractor to file taxes in the State of Hawaii?**

*Response 11: Yes, the submittal of a tax clearance is a Hawaii statute. Refer to the following website for more information on the tax clearance and filing requirements: <http://www.hawaii.gov/tax/2004/geins.pdf> or*

*For State tax information and inquiries*

*Tel: 808.587.4242*

*Tel: 1.800.222.3229 (Toll- Free)*

*Telephone for the Hearing Impaired: 808.587.1418 or 1.800.887.8974  
(Toll- Free)*

*Fax: 808.587.1488*

**Question 12: Form SPO-H-100A, Registration Statement of Health and Human Service Provider Responsibility: Items 6 asks the Geographic Area [within Hawaii] that the applicant is able to serve; since the Contractor will provide housing for any State inmates referenced in the RFP and sent by the Department which box should Offerers check under item 6?**

*Response 12: For item 6 on Form SPO H – 100A, a response of “Not Applicable” may be inserted.*

**Question 13: The Proposal Application Checklist has several items listed (including the Cost Proposal Budget) that are not marked with an [“G”] “X” as Required by Purchasing Agency. Please explain. Also, is the Offeror to check the boxes under Completed by Applicant or is that provided for the agency to use as a checklist to ensure Offeror has provided each item? Finally, where are the items listed under Certifications explained? A couple of them were found on the SPO H-100A form but not all.**

*Response 13: As indicated on Attachment A—Proposal Application Checklist, those items marked with an “X” are items required to be submitted/completed by the applicant. Yes, the applicant shall respond to those required items by indicating with an “X” for each requirement submitted or completed.*

*The federal certifications are not required for this solicitation.*

**Question 14: Pg. 3-4, item N., please define Work Line Opportunities. Is this in reference to general jobs or work programs provided to inmates on the facility grounds or is it literally offsite work lines that go out into the community?**

*Response 14: Work Line Opportunities for the inmates shall be limited to those available on the facility grounds.*

**Question 15: Various policies are requested to be included with the Offerer’s response throughout the RFP; to clarify, does the Department actually want a complete set of facility (inmate and employee) policies to be included with its response or only those specifically cited?**

*Response 15: Policies specifically requested in the RFP and those policies which are relevant to the Applicant’s response maybe submitted as part of the Applicant’s proposal.*

*Upon the award of this contract a complete set may be requested.*

**Question 16: The Cost Principles section (XXII on page 1-12) refers to a form to be utilized by state purchasing agencies. Will the selected Contractor be responsible for Form SPO-H-201?**

*Response 16: The applicants shall review Form SPO-H 201, Cost Principles for Purchases of Health and Human Services, available at: [http://www4.hawaii.gov/spoh/Forms\\_Instructions/costprinciples.PDF](http://www4.hawaii.gov/spoh/Forms_Instructions/costprinciples.PDF)*

*This is not a form for you to fill out but you will need this when completing budget forms, if applicable. It will help you to determine allowable and unallowable costs.*



Amendment to  
RFP No.: PSD 05-IDA/MB-19,  
A Multi-Custody Level Correctional Facility  
for the  
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Hawaii Female Offenders

The following changes are made to page 1-3, Section 1.IV of the RFP.


#### IV. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

<b><u>Activity</u></b>	<b><u>Scheduled Date</u></b>
Public notice announcing RFP	April 8, 2005
Distribution of RFP	April 8, 2005
RFP orientation session	April 22, 2005
Deadline for submission of written questions for written responses	April 29, 2005, 4:30 p.m., H.S.T.
PSD's response to applicants' written questions	<del>May 6, 2005</del> <b>May 10, 2005</b>
Discussions with applicant prior to proposal submittal deadline (optional)	Week of <del>May 9-11, 2005</del> <b>May 11-13, 2005</b>
Proposal submittal deadline	<del>May 17, 2005</del> <b>May 19, 2005,</b> 4:30 p.m., H.S.T.
Proposal evaluation period	<del>May 18-June 24</del> <b>May 20-June 24, 2005</b>
Determine priority-listed Applicants	<del>May 18—May 25</del> <b>May 20—May 27, 2005</b>
Presentations and or site visitations with priority-listed Applicants (optional)	<del>May 26—June 9</del> <b>May 31—June 9, 2005</b>
Final revised proposals (optional)	June 15, 2005
Provider selection	June 27-29, 2005
Notice of statement of findings and decision	June 30, 2005
Contract start date	August 1, 2005

Department of Public Safety  
RFP No.: PSD 05-IDA/MB-19  
Addendum B

NOT CONFIDENTIAL

	<b>DEPARTMENT OF PUBLIC SAFETY</b>	<b>EFFECTIVE DATE:</b> FEB 6 1999	<b>POLICY NO.:</b> COR.10D.18
	<b>CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES</b>	<b>SUPERSEDES (Policy No. &amp; Date):</b> NEW	
	<b>SUBJECT:</b> INMATE MEDICAL CO-PAYMENT PLAN	<b>Page 1 of 5</b>	

No. 99-483

1.0 **PURPOSE**

To provide guidelines and an organized process for inmate co-payments of certain medical services.

2.0 **REFERENCES AND DEFINITIONS**

.1 References

- a. Hawaii Revised Statute, Chapter 353, 1998.
- b. Journal of Correctional Health Care, Volume 3, Issue 2, Fall 1996.
- c. Martin v. DeBruyn, 880 F. Supp. 610 (N.D. Ind. 1995).

.2 Definitions

- a. Co-payment: A nominal amount paid by offenders for certain health care services.
- b. Indigent: An inmate with less than ten dollars (\$10.00) of income in his or her spendable and/or restricted accounts.
- c. Dental treatment: The treatment of dental problem based on a prioritized triage system.
- d. Health Care Provider: An individual certified or licensed to deliver health care services.
- e. Health Care Services: Medical, dental, mental health and health information services.
- f. NCCHC: The National Commission on Correctional Health Care standards are the recommended minimum requirements for prison health services.
- g. Episode of care: From the beginning of treatment for injury or illness until there is no longer any required follow-up care as determined by the health care provider.
- h. Infirmary: A designated area within a facility that is expressly set up and operated for the purpose of caring for patients who do not need hospitalization, but whose care can not be managed safely in an outpatient or in a general population setting.
- i. Retrospective Billing System: This is not an accounting method. The terminology describes a system that charges the patient for medical services after the service is rendered to ensure access to health care.

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3.0 **POLICY**

Inmates shall not be denied access to health care or treatment because of their inability to pay the co-payment fee. There shall be a retrospective billing system for services rendered.

4.0 **PROCEDURES**

- .1 Inmates shall be informed on admission about their responsibility to the medical co-payment plan, the self-purchase/self-administration over-the-counter medication program, prosthetic purchases and other information regarding health care services. The information shall be in the form of a pamphlet. A poster describing access to health care shall be displayed in intake sections.
- .2 On the fourteen (14) day physical, the inmate shall sign an agreement that informs him or her of the medical co-payment for inmate initiated services, and the inmate's responsibility regarding other medical services, on Form DOC 0459, Medical Co-Payments, Over-The-Counter Medications, Prosthetics Purchase Agreement (Attachment A).
- .3 There shall be a co-payment charge of three dollars (\$3.00) per visit for identified medical, mental health and dental services. There will be no charge for a return to clinic if ordered by the physician for an episode of care. Subsequent visits related to the initial request shall include a co-payment if not initiated or scheduled by a health care provider.
- .4 For clinical services, before the end of each watch for large facilities or no later than the end of each day for small facilities, assigned medical staff shall total the co-payment cost of services and medications provided to each inmate on Form DOC 0414, Co-Payment Cost For Medical Services (Attachment B). The forms shall be submitted to the facility fiscal office every Monday. On holidays that fall on a Monday, the forms should be submitted to the facility fiscal office on the Friday preceding the Monday holiday.
- .5 For infirmary services related to inmate elected medical procedures, the inmate shall pay the full cost of the infirmary stay per day. The cost shall be estimated using per day cost of semi-private rooms in a community hospital (e.g. Hilo Hospital, Maui Memorial, Liahui Hospital). The inmate will pay the full cost of any medications or medical supplies that by necessity are prescribed by the health care provider. The inmate must have sufficient funds to cover the estimated cost of the infirmary stay prior to the elected procedure. The charges shall be totaled and submitted to the facility fiscal office on the day of discharge. For calculating the infirmary length of stay, the date of admission shall not be counted. The date of discharge shall be counted. An admission and release on the same day is counted as one day.
- .6 The inmate shall be billed after the service is provided. The co-payment charge shall be deducted from the inmate's account at the time the charges are filed and if there is a balance of over ten dollars (\$10.00) in the account. If there is more than ten dollars in the account but less than the total co-payment amount owed by the inmate, the difference shall be deducted from the account.

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- .7 If an inmate is indigent at the time the charge is posted, the facility fiscal officer shall so indicate on DOC Form 0414 and return the form to the Health Care Section. The inmates debt will be resubmitted with the next batch of names on the following Monday.
- .8 If an inmate discovers a billing error relating to the medical co-payment, he or she may request a review of the bill by the nurse manager. Items still in dispute will be submitted to the Health Information Branch Administrator for review. Any item still in dispute will be submitted to an independent appeals board.
- .9 The facility Clinical Services Section shall submit to the Director through the chain-of-command, with a copy to the Warden, an annual comparison study of the amount (in percentages) by which medical request by inmates has been reduced for non-essential medical services compared to the previous calendar year.
- .10 The facility fiscal office shall submit to the Director through the chain-of-command, with a copy to the facility nurse manager, the annual amount of funds recovered by the facility through the inmate co-payment plan for the calendar year.
- .11 The following services are exempt from the medical co-payment fee:
  - a. Medical, mental health, and dental admission screenings, examinations, and diagnostic tests required by law, a Consent Decree or the NCCHC standards.
  - b. Mental health services for inmates in special housing or holding units, therapeutic housing, or transitional housing units.
  - c. Mental health referrals by medical staff or correctional employees.
  - d. A first visit with mental health staff by request from a general population inmate for any episode of care requiring assessment of the inmate's mental health.
  - e. Inmate requested diagnostic testing for suspected sexually transmitted diseases, HIV/AIDS, tuberculosis, or hepatitis.
  - f. Clinic visits to assess or clear an inmate for transfer, assignment to programs, work assignments, treatment facilities, or therapeutic communities.
  - g. Physician ordered infirmary admissions.
  - h. Industrial injuries.
  - h. Visits scheduled at the request of a health care provider. These visits may include, but are not limited to:
    1. Diagnosis, treatment and care of communicable diseases;

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2. Diagnosis, treatment and care of chronic illnesses, including regularly scheduled clinics or workshops for chronic disease management;
  3. Dietetic consultations for chronic disease management;
  4. Pre- and post-natal care and examination.
- .11 Inmates shall be charged a co-payment for the following services:
- a. Inmate requested medical, mental health (except as stated above) and dental treatment;
  - b. Inmate requests for a dietetic consultation not related to a medical condition or a chronic disease.
- .12 Except for mentally ill inmates in special housing units, inmates shall pay the co-payment fee when treated for self inflicted wounds or self induced injury. This includes, but is not limited to:
- a. Self inflicted wounds or injury
  - b. Fights with other inmates or staff, or deliberately punching, kicking, hitting, banging, etc., movable or immovable objects;
  - c. Recreational injuries.
  - d. Accidental or injuries.

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SCOPE

This policy and procedure applies to all Correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

Kenneth K. Kuehner, MD  
Health Care Division Administrator  
2/1/99  
Date

\_\_\_\_\_  
Deputy Director for Corrections

\_\_\_\_\_  
Date

APPROVED:

W. S. S.  
Director  
2/6/99  
Date

ATTACHMENT A

DEPARTMENT OF PUBLIC SAFETY

INMATE MEDICAL CO-PAYMENT, PROSTHETICS, AND OVER-THE-COUNTER MEDICATION PURCHASES AGREEMENT

Facility \_\_\_\_\_

Date: \_\_\_\_\_

1. Did you receive a pamphlet at intake that describes the Department's medical services for inmates? YES ☐ NO ☐
2. If you answered no to question number one, have you been issued a pamphlet by the nurse during this interview? YES ☐ NO ☐ N/A ☐
3. Have you been informed by the nurse about inmate medical co-payments? YES ☐ NO ☐
4. Have you been informed by the nurse about inmate prosthetic purchases? YES ☐ NO ☐
5. Have you been informed by the nurse about over-the-counter medication purchases from the commissary (inmate store)? YES ☐ NO ☐

By signing this form, you are agreeing that you have been informed of the inmate medical co-payment plan and your responsibility to pay a three dollar (\$3.00) co-payment fee when you seek non-emergency medical treatment. Treatment for communicable diseases, chronic diseases, emergency treatment, and medical screenings are exempt from the inmate medical co-payment. By signing this form you are also agreeing that you have been informed about purchasing prosthetics and over-the-counter medications.

\_\_\_\_\_  
Print Name of Inmate

\_\_\_\_\_  
Name and Title of Health Care Staff

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Original: Medical Record (Consent Index)  
Canary: Inmate's Copy

DOC 0459 (7/98)

CONFIDENTIAL

STAGGER B

## FACILITY: \_\_\_\_\_

DATE: \_\_\_\_\_

CODES: 01 MEDICAL; 02 DENTAL; 03 MENTAL HEALTH; 04 INFIRMARY; 05 SUPPLIES/MEDICATIONS

DOC 0414 (12/98)

SPO-H (11/04)

INMATE MEDICAL CO-PAYMENT PLAN



ACT 250

S.B. NO. 2249  
S.D. 1  
H.D. 2  
C.D. 1

THE SENATE  
NINETEENTH LEGISLATURE, 1998  
STATE OF HAWAII

## A BILL FOR AN ACT

RELATING TO CORRECTIONS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Chapter 353, Hawaii Revised Statutes, is amended  
2 by adding a new section to be appropriately designated and to  
3 read as follows:

4 "§353- Nonemergency medical, dental, mental health  
5 services or treatment; intentional injury; payment by inmates.

6 (a) The department of public safety may develop policies and  
7 procedures governing the assessment of fees upon detainees and  
8 committed persons who receive certain medical, dental, or mental  
9 health services or treatment. In adopting these policies and  
10 procedures, the department shall safeguard the health and welfare  
11 of detainees and committed persons.

12 (b) The policies and procedures shall enable the department  
13 to assess fees upon detainees and committed persons who:

14 (1) Request certain nonemergency medical, dental, or mental  
15 health services or treatment; or

16 (2) Intentionally inflict injury to themselves.

17 (c) The policies and procedures shall include an appeals  
18 process to allow a detainee or committed person to appeal the  
19 assessment.

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S.B. NO. 2249  
S.D. 1  
H.D. 2  
C.D. 1

1     (d) The department of public safety may adopt policies and  
2 procedures to establish a fee schedule for medical, dental, and  
3 mental health services or treatment under the following  
4 conditions:

5     (1) Fees shall be assessed from the detained or committed  
6 person's individual trust account pursuant to section  
7 353-20; and

8     (2) Fees shall not be assessed if the individual trust  
9 account balance is less than \$10; provided that the  
10 department may implement a procedure to recover fees in  
11 the future."

12     SECTION 2. One year after the start of the implementation  
13 of the assessment of fees for medical, dental, and mental health  
14 services or treatment, the department of public safety shall  
15 submit a report to the legislature that summarizes the total of  
16 moneys deducted from inmate accounts. The report shall include  
17 an estimate of savings to the department through the related  
18 reduction in nonemergency medical, dental, or mental health  
19 services or treatment, and intentional injuries.

20     SECTION 3. New statutory material is underscored.

21     SECTION 4. This Act shall take effect upon its approval.

APPROVED BY THE  
GOVERNOR ON

JUL 20 1998

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